	GG	COMMISSION 741 CAPITOL WAY RN PO BOX 40908 OLYMPIA WA 98504-0 (360) 753-1111 TOLL FREE 1-877-601	0908	LOBBYIST	REGISTRATIO	N	L_1 (12/03)	THIS SPACE
1. Lot	obyist Name						Business Te	elephone Numbers
	Lis Houchen						Permanent	(360) 480-69
Per	rmanent Business Add	ress					Temporary	()
e g u	24 Duckabush F							,
	4 Duckabush R	road					Cell Phone or Pager	(360) 480
City				State	Zip		E-Mail Addre	988
E	Brinnon			WA	98320		Ihouche	n@nacds.org
2. Ter	mporary Thurston Cour	nty address during legis	slative ses	sion				occupation, business
	130 18th Ave SE, Olympia, WA 98501						purpose of o	
	2.500 (200) (2000 (200) (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (200) (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000) (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (2000 (200) (2000 (200) (2000 (2000 (200) (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (200) (200) (200) (200) (200) (200) (200) (200) (2000) (200) (200) (200) (200						Chain P	harmacy
1	National Association of Chain Drug Stores							
4 Nar	me and address of ner	eon having custody of a	accounts	receints hooks or other	documents which substantiate		E-Mail Addre	eee
	Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report)						E Wall / Wall	
	David M. Fitzsimmons						dfi	tzsimmons@r
	1776 Wilson E	Blvd, Suite 200	Arling	ton, VA 22209				
5. Wh	nat is your pay (comper	nsation) for lobbying?			Description of employment (cl	heck one or	more boxes)	
\$ 7	754.00 per	Month (hour, day, month, yea	ar)		x Full time employee			☐ Sole o
Oth	Other: Explain:				Part time or temporary en Contractor, retainer or sin		nent	Lobby of o
					Unsalaried officer or mem			
	Est Section 1	obying expenses? Expl	olain which	expenses.	Does employer pay any of you If yes, explain which ones.	ur lobbying	expenses dire	ectly?
×	Yes: \$Yes: I am reimbur	per rsed for expenses.	-		ii yee, explain milen enee.			
		nbursed for expenses.						
7. Hov	w long do you expect to	lobby for this organiza	ation?					
x	Permanent lobbyist		Only during	legislative session	Other, Expla	ain:		
8. Is y	our employer a busine	ss or trade association	or similar	organization which lobbi	es on behalf of its members? If "y	ves." attach	a list showin	g the name and add
					ne past two years or is expected to			
100000	No		owever, no	member has paid, pays	, or is expected to pay over \$500.			
	Yes. The list is attach		r closely at	filiated political action or	mmittee which will provide funds	for you to m	nake political	contributions includi
		the name of that political				,	iano political	
×								
-	Yes. Name of the con		isiness en	tity which employs other	s to perform actual lobbying duties	e liet name	of each pers	on who will lobby (
	3 and 144 for instruction		20111000 011	aty which employs outer	s to perform actual lobbying duties	s, not name	or each pers	or write will lobby. (
	as of interest. Lobbyin agencies concerned w		ore legislat	ive committee members	Remarks:			
	DE SUBJECT		CODE S					
01 [ligher education				
03[Constitutions and	elections	11 🔲 L	abor				
04 [aw and justice ocal government				
06[Environmental aff	fairs - natural	14 🔲 8	State government				
07[ransportation Other – Specify:				
08 x	Fiscal			Health Care				
CER	TIFICATION: I hereby or	ertify that the above is a	a true, con	nplete and correct	EMPLOYER'S AUTHORIZATION	V: Confirmi	na the emplo	vment authority to lo
stat	ement.	0.1		registration statement.			•	
12 105	REVISTA SIGNATI ID	V / //		DATE	EMDI OVEDIO CICNATI IDE	NAME TO	DED OD DD	MITED AND TITLE